



Transaction Request

DEPARTMENT of COMMUNITY DEVELOPMENT

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9530

Account No _____

Business Name (DBA)				Date
Business Address	CITY	STATE	ZIP	Phone
Mailing Address	CITY	STATE	ZIP	Email Address

Please terminate the business license for the above business for the following reason:

☐ Sold to: _____ On: _____

☐ Closed on: _____ permanently. Due to ☐ Foreclosure ☐ Bankruptcy ☐ Other

☐ Moved out of Gardena to: _____ On: _____

Signature of person completing this form: _____ Title: _____

Office Use Only

Processed By: _____ Date: _____

Status Changed from _____ to _____

Notes: